

# CLAIMS ONLY

Application Number

10/689307

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
60 1							51					
60 2							52					
60 3							53					
60 4							54					
60 5							55					
60 6							56					
60 7							57					
60 8							58					
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60 38							88					
60 39							89					
60 40							90					
60 41							91					
60 42							92					
60 43							93					
60 44							94					
60 45							95					
60 46							96					
60 47							97					
60 48							98					
60 49							99					
60 50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

